

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4311</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Timothy J. Downigan</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 609</u> Street <u>150 SOUTH ARTHUR Room 315</u> City <u>POCATELLO</u> State <u>IDAHO</u> ZIP Code + 4 <u>83204-0609</u>	4. Name, file number, and address of labor organization. Name <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINSMEN</u> Labor Organization File Number <u>25027</u> <u>BLET-WR6CA</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 609</u> Street <u>150 SOUTH ARTHUR Room 315</u> City <u>POCATELLO</u> State <u>IDAHO</u> ZIP Code + 4 <u>83204-0609</u>
5. Position in labor organization. <u>GENERAL CHAIRMAN - WESTERN REGION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Timothy J. Downigan

On

072805

Date

(308) 232-0292

Telephone Number

Name of Person Filing <i>Timothy J. Donnigan</i>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SEE ATTACHMENT "A"

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

SEE ATTACHMENT "A"

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Attachment "A"
Form LM-30 (Labor Organization Officer and Employee Report)
Fiscal Year: 01/01/2004 thru 12/31/2004

Reporting Labor Organization: Brotherhood of Locomotive Engineers and Trainmen (BLET-WRGCA)
Labor Organization Officer: Timothy J. Donnigan (General Chairman)
5-digit OLMS File Number: None available at this time
Organization File Number: 25027
Ending Date of Reporting Period: 12/31/2004

*The purpose of this Attachment "A" is to furnish additional itemized information pertaining to Part B (Items 8 thru 12) of the Form LM-30 report. The information shown below reflects the best good-faith estimate of value and occasion based upon personal recollection.

8. Name and address of Business (including trade name, if any).

Name: Paul S. Bovarnick (*Rose, Senders & Bovarnick, LLP*)
Trade Name, if any: Union's designated legal counsel – FELA Attorney(s)
P.O. Box, Bldg., Room No., if any:
Street: 1205 N.W. 25th Avenue
City, State and Zip Code + 4: Portland, Oregon 97210

9. Business deals with:

☒ a. Labor Organization ☐ b. Trust ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Not applicable (9.a. was checked off).

11.a. Nature of such dealing.

Group dinner, banquet, etc., in conjunction with a Union function.

11.b. Approximate dollar value of such dealing.

\$25 or greater based upon good-faith estimate.

12.a. Nature of interest held or income received.

Not applicable.

12.b. Amount.

Not applicable.

* * * * *

8. Name and address of Business (including trade name, if any).

Name: Ben B. Saunders (*Davis & Saunders, PLC*)
Trade Name, if any: Union's designated legal counsel – FELA Attorney(s)
P.O. Box, Bldg., Room No., if any: P. O. Box 8801
Street: 3113 Sixteenth Street
City, State and Zip Code + 4: Metairie, Louisiana 7001-8801

9. Business deals with:

☒ a. Labor Organization ☐ b. Trust ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Not applicable (9.a. was checked off).

11.a. Nature of such dealing.

Group dinner, banquet, etc., in conjunction with a Union function.

11.b. Approximate dollar value of such dealing.

\$25 or greater based upon good-faith estimate.

12.a. Nature of interest held or income received.

Not applicable.

12.b. Amount.

Not applicable.

* * * * *

8. Name and address of Business (including trade name, if any).

Name:	Jerome J. Schlichter (<i>Schlichter, Bogard & Denton</i>)
Trade Name, if any:	Union's designated legal counsel – FELA Attorney(s)
P.O. Box, Bldg., Room No., if any:	Suite 187
Street:	2661 North Illinois
City, State and Zip Code + 4:	Swansea, Illinois 62226

9. Business deals with:

☒ a. Labor Organization ☐ b. Trust ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Not applicable (9.a. was checked off).

11.a. Nature of such dealing.

Group dinner, banquet, etc., in conjunction with a Union function.

11.b. Approximate dollar value of such dealing.

\$25 or greater based upon good-faith estimate.

12.a. Nature of interest held or income received.

Not applicable.

12.b. Amount.

Not applicable.

* * * * *

8. Name and address of Business (including trade name, if any).

Name: William G. Jungbauer (*Yaeger, Junbauer, Barczak & Vucinovich, PLLC*)
Trade Name, if any: Union's designated legal counsel – FELA Attorney(s)
P.O. Box, Bldg., Room No., if any:
Street: 745 Kasota Avenue
City, State and Zip Code + 4: Minneapolis, Minnesota 55414

9. Business deals with:

☒ a. Labor Organization ☐ b. Trust ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Not applicable (9.a. was checked off).

11.a. Nature of such dealing.

Group dinner, banquet, etc., in conjunction with a Union function.

11.b. Approximate dollar value of such dealing.

\$25 or greater based upon good-faith estimate.

12.a. Nature of interest held or income received.

Not applicable.

12.b. Amount.

Not applicable.

* * * * *

8. Name and address of Business (including trade name, if any).

Name: Robert M. Tramuto (*Jones & Granger*)
Trade Name, if any: Union's designated legal counsel – FELA Attorney(s)
P.O. Box, Bldg., Room No., if any: Suite 888
Street: 10,000 Memorial Drive
City, State and Zip Code + 4: Houston, Texas 77024

9. Business deals with:

☒ a. Labor Organization ☐ b. Trust ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Not applicable (9.a. was checked off).

11.a. Nature of such dealing.

Group dinner, banquet, etc., in conjunction with a Union function.

11.b. Approximate dollar value of such dealing.

\$25 or greater based upon good-faith estimate.

12.a. Nature of interest held or income received.

Not applicable.

12.b. Amount.

Not applicable.

* * * * *